Registration Form

Date:

Personal Information

Last Name	First Name
Address	
City / State / Zip Code	
Phone (Please check the primary number) ◯Home: ◯Mobile: ◯Work: E-mail	Contact Options: ☐Send reminders to e-mail ☐Send reminders to SMS ☐Don't send promotional e-mails ☐Don't send postal mails ☐Don't call by phone

Pet Profile

Name	Vaccination Expiration Date (mm/dd/yy) Rabies: DHPP: Bordetella:
Breed (Choose from the list)	
Color	Medical Information ☐Allergies ☐Heart Disease ☐Arthritis ☐Seizures ☐Deaf ☐Blind ☐Respiratory Disease
Date of Birth (mm/dd/yy)	
Weight (Staff Use Only)	Vet
Sex ◯Male ◯Female ◯Neutered ◯spayed	Vet Phone
Notes	

Pet Personality

☐ Aggressive with animals	☐ Aggressive with people	☐ Barker
☐ Biter	☐ Chewer	☐ Shy
☐ Hyper	☐ Keep Leash On	☐ Scared of noise

Does your pet engage in any unusual or repetitive behaviors? ◯Yes ◯No

If yes, explain: _____

Has your pet ever bitten a person? ◯Yes ◯No

If yes, explain: _____

Has your pet ever bitten another dog or animal? ◯Yes ◯No

If yes, explain: _____

Does your pet have any chewing issues when stressed or bored? ◯Yes ◯No

If yes, explain: _____

Additional information you would like us to know about your pet: